

Employment Preferences

Staff Services Manager III

097500-00104802-9PB17

This multi-level recruitment is for:

097500-00104802-9PB17 STAFF SERVICES MANAGER III

Last Name

First Name

DOB Month

DOB Day:

Last four digits of SSN or other ID

First three letters of last name at birth

Email Address (if willing to accept email communication)

Check here if this is a new email address

Mailing Address

City

State

Zip Code

Check here if this is a new mailing address

Only provide the following phone numbers if it is acceptable to call

Home Phone

Work Phone

Alternate Phone

Please complete the following employment preference information:

Check all Departments you do not wish to work for:

| Select | Department |
|--------|-----------------------------------------------|
| | Ca Emergency Management Agency |
| | California Gambling Control Commission |
| | California Housing Finance Agency |
| | California Integrated Waste Management Board |
| | California Student Aid Commission |
| | Department of Alcohol and Drug Programs |
| | Department of Child Support Services |
| | Department of Consumer Affairs |
| | Department of Corporations |
| | Department of Financial Institutions |
| | Department of Health Care Services |
| | Department of Justice |
| | Department of Personnel Administration |
| | Department of Pesticide Regulation |
| | Department of Real Estate |
| | Department of Social Services |
| | Department of Water Resources |
| | Dept of Corrections & Rehabilitation |
| | Dept of Education |
| | Dept of Finance |
| | Dept of General Services |
| | Dept of Housing & Community Development |
| | Dept of Veterans Affairs |
| | Employment Development Department |
| | Office of System Integration |
| | Office of The State Chief Information Officer |
| | Public Employees Retirement System |
| | State Personnel Board/Statewide |

| Select | Department |
|--------|-----------------------------------------------|
| | State Teachers Retirement System |
| | Victim Compensation & Government Claims Board |

You may pick one or more locations.

| Select | Location |
|--------|----------------------|
| | Butte County |
| | Contra Costa County |
| | El Dorado County |
| | Fresno County |
| | Los Angeles County |
| | Placer County |
| | Sacramento County |
| | San Diego County |
| | San Francisco County |
| | Yolo County |
| | Yuba County |

Please select at least one item from each column to indicate conditions of employment your willing to accept:

Permanent Full-time

Permanent Part-time

Permanent Intermittent

Limited Term Full-time

Limited Term Part-Time

Limited Term Intermittent

Additional Options:

If you are currently eligible and wish to become inactive for this recruitment, please check here

If you have previously inactivated yourself for this recruitment and would like to reactivate your application, please check here

If you have never been eligible, and wish to withdraw from this recruitment, please check here

Signature: _____ Date: _____